



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

United Healthcare of New England, Inc.														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	302	302
PR	2011	0	0	402	0	686	344	0	0	320	0	0	310	2062
PR	2012	0	0	233	0	0	184	0	0	107				524
ME	2009	0	0	0	0	0	0	0	0	0	0	0	4,311	4311
ME	2010	0	0	0	0	0	0	0	0	0	0	0	2,826	2826
ME	2011	2,722	2,557	2,385	2,275	16,696	11,489	6,077	5,956	5,811	5,698	5,513	5,405	72,584
ME	2012	4,696	4,592	4,486	4,405	4,237	4,118	3,995	3,944	3,820	3,689			41,982
PV	2011	73,295	85,154	13,640	16,074	16,215	16,277	16,439	16,245	16,792	17,006	16,052	93,334	396,523
PV	2012	72,409	87,702	73,133	89,814	76,044	77,344	68,128	69,735	69,971	91,048			775,328
MC	2008	19,356	17,858	17,516	18,558	17,960	15,700	15,699	15,091	13,721	15,822	13,807	13,220	194,308
MC	2009	10,982	10,231	10,666	9,549	8,468	8,369	7,941	7,508	7,443	8,451	6,876	7,299	103,783
MC	2010	5,900	5,113	5,400	5,328	5,155	5,222	4,931	5,302	5,081	4,711	4,486	4,445	61,074
MC	2011	3,701	3,390	3,469	4,088	3,812	3,766	3,263	3,277	3,181	3,472	3,225	3,029	41,673
MC	2012	2,406	2,478	2,671	2,122	2,062	1,532	1,104	942	835	824			16,976
PC	2008	11,619	11,059	11,561	10,788	9,967	9,273	9,283	8,550	8,541	8,667	7,786	7,986	115,080
PC	2009	6,817	5,987	6,489	5,339	4,981	4,799	4,508	4,811	4,575	4,865	4,476	4,571	62,218
PC	2010	3,794	3,445	3,733	3,502	3,453	3,428	3,231	3,431	3,181	3,156	172	192	34,718
PC	2011	135	159	152	2,424	2,159	1,840	2,147	2,168	1,046	1,903	1,654	1,472	17259
PC	2012	839	1,079	1,081	866	845	802	318	282	273	280			6665
DC	2008	8	9	11	3	15	12	9	9	14	14	7	4	115
DC	2009	4	8	3	4	7	2	0	3	4	5	4	8	52
DC	2010	3	1	2	3	0	8	1	2	5	3	0	8	36
DC	2011	4	1		2	3	1	1	1	0	2	0	0	15
DC	2012	0	0	0	0	0	0	0	0	0	0			0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and/or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.











